

Public Health Brief

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Measles Anywhere is A Threat Everywhere – Even Alpine County!

As you have undoubtedly seen in the news, California, the US, and the world is currently experiencing outbreaks of a disease that was declared eliminated from the US in 2000 – measles.

Why?

Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa. The highest numbers are in Ukraine, Philippines, and Israel, all with thousands of cases and hundreds of deaths. Travelers with measles from these and other countries continue to bring the disease into the U.S., where there have now been over 600 cases in 22 states.

Measles can then spread when it reaches a community in the U.S., especially where groups of people are unvaccinated. The majority of people who get measles are un- or under-vaccinated, usually due to vaccine hesitancy caused by anti-vaxers. There are 835 schools in California who have a kindergarten MMR immunization rate of less than 95% - 397,887 children attend these schools. Fortunately, Alpine County schools are not on the list!

One of the reasons we have vaccine hesitancy is that people do not remember how bad it used to be. Before we had a vaccine 3 million to 4 million Americans were infected yearly, including 48 000 hospitalizations and 400-500 deaths every year. Many studies have now refuted claims that the vaccine causes autism (the Wakefield theory), and it is considered very safe and effective.



Where have there been cases documented in our area?

So far, there have <u>not</u> been any documented cases in Alpine County or northern Nevada. However, there have recently been 38 cases in almost a dozen counties and 4 outbreaks identified in California, including the involvement of neighboring counties just west of us.

What is our risk?

Overall, the risk to an Alpine County resident is very low. The factors that would increase your risk include:

- Traveling out of Alpine County, especially any international travel
- Having contact with international travelers visiting Alpine County

How can you protect yourself?

- Recommendations since 1989 call for 2 doses of the MMR vaccines, covering measles, mumps, and rubella. The 1st dose is given between 12 and 15 months, the 2nd between 4 and 6 years. Prior to that, a single dose was recommended beginning in 1963.
- If you were born before the 1960s, you may have never been vaccinated against measles because it was assumed that you'd been exposed to the virus. In fact, most people born before 1957 don't need the vaccine because before vaccines were available, nearly everyone was infected with measles, mumps, and rubella viruses during childhood (including me!).
- If you are now in your 50's and were vaccinated between 1963 and 1967, you may have received a "killed" vaccine, which has not been shown to be protective. It is likely to be impossible to retrieve any records of this from baby books, parents, or doctors who have since retired. Consult with your healthcare provider if you are in this category and are traveling internationally or have a suspected exposure to measles.
- If you have been exposed to measles in an outbreak setting, you are at high risk and should immediately consult with your provider – a vaccine given within 3 days will help.

What should you do if you are going to travel internationally?

- You should consult with your healthcare provider about the possibility of receiving an MMR.
- You should have any infant between 6 and 11 months of age vaccinated earlier than usual.



Are there any reasons <u>not</u> to get the vaccine?

MMR is contraindicated in immunocompromised individuals and all pregnant persons as well as those who have a history of previous severe allergic reaction to a previous dose of MMR or vaccine components. Allergy to eggs is not considered a contraindication to MMR vaccine. Persons who are breastfeeding may receive MMR vaccine.

What are the symptoms of a measles infection?

Measles typically presents in adults and children as an acute viral illness characterized by fever and generalized maculopapular rash. This may be preceded by cough, coryza, and conjunctivitis. The classic rash usually starts on the face, proceeds down the body, and may include the palms and soles, and appears discrete but may become confluent. The rash lasts several days. A person who had some degree of immunity to measles prior to infection (e.g. infants <1 year who passively acquired some maternal antibody and previously vaccinated persons who had waning immunity) may have more mild symptoms and certain classic symptoms may be absent. Complications may include diarrhea, otitis media, pneumonia, hepatitis, encephalitis, miscarriage and premature birth in pregnancy, and death. Long-term complications include subacute sclerosing panencephalitis, a very rare, but fatal disease of the central nervous system which many occur years later and results from measles virus infection earlier in life.

See the accompanying Q and A sheet and poster. For more information, go to:

https://www.cdc.gov/measles/index.html
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx



